

Mississippi

State Board of Examiners for Social Workers and Marriage & Family Therapists Jackson, MS 39296-4508 Post Office Box 4508 601-987-6806/Fax: 601-987-6808

www.swmft.ms.gov

REQUEST FOR FINGERPRINT CARD

INSTRUCTIONS: Complete this form and return to our office. Once this form is received with payment, we will mail you a fingerprint card. After getting your fingerprints added onto the card, be sure to fill out the descriptive information including signing the card, printing your name, your date of birth and social security number (as these spots are often overlooked). The fully completed card should be mailed to: Mississippi Board of Examiners for SW/MFT, P.O. Box 4508, Jackson, MS 39296-4508. Please do not allow the fingerprints to smudge.

Mark one:	Applicant for social		
	Applicant for LMFT		
	Applicant for LMFT		
	License Renewal: lic		
	Reinstatement: licen	ise #	
I,	, reques	st that a fingerprint card b	be sent to me at the address listed below.
I have enclosed the 1	required \$50.00 processing	g fee, payable by money	order or cashier's check to MBOE. I
understand that the in	formation received from be	oth the Mississippi Crim	inal Information Center and the Federal
Bureau of Investigation	ons concerning my crimina	al history records check	via fingerprint records will be reviewed
and may affect the ag	pproval of my application	for licensure, reinstatem	nent or the status of the renewal of my
license.			
Mailin	ng Address:		
	Phone:		
Lunderstand that it m	ake take 4-6 weeks for my	fingerprints to be proces	ssed by the MS Dept. of Public Safety. I
		U 1	card if my fingerprints are unreadable
	he processing of my backgr		
Signatu	re	Date	
For Office Use Only:		A	Date:
CC, MO, TC, OC#:_		Amount: \$	Date:
Name on payment, if dif	ferent from licensee:		